



State of Florida
Office of State Treasurer
Tallahassee, Florida

FOR OFFICIAL USE	
DATE	NUMBER
11/17/1999	01606

DEBIT MEMORANDUM

2

To: DEPT. OF STATE

P 98000098491

General Revenue Total	0.00
Trust Total	2,513.75
Other Total	0.00
Total	\$2,513.75

500003081805--3

Distribution

Cross Ref	Samas Code	Reason	Amount
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	35.00
012	45-20-2-130001-45300000-00-000100-00	ACCOUNT CLOSED	78.75
012	45-20-2-130001-45300000-00-000100-00	ACCOUNT CLOSED	750.00
012	45-20-2-130001-45300000-00-000100-00	OTHER	750.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	900.00

Grand Total:

\$2,513.75

01606 - C

RECEIVED
99 NOV 19 PM 1:48
BUREAU OF
PLANNING, BUDGET AND
FINANCIAL SERVICES

The above named fund(s) has been reduced by the amount of this check(s) under the authority of Section 215.34, F.S.

Bill Nelson

Process Date: 11/03/1999

State Treasurer

WILLIAM E. YOHAM
SANDRA JEAN YOHAM
6301 SUNSET DR.
MIAMI, FL 33143-4822

DATE 10-23-89

63-4/830 FL
1588

C 388

Pay to the
Order of

Depository of the State of Florida
Seven Hundred Fifty and 00/100 \$750.00

Dollars

NationsBank

NationsBank, N.A.

ACH RT 7663000047

For *Private Bill - State of Florida* *William E. Yoham*

⑆063000047⑆ 001197754390⑆ 0388 ⑈00000075000⑆

ENDORSE HERE

X

DEPT OF STATE 4500453
FOR DEPOSIT ONLY
-11/01/99--01004--010
2 4009068794 ***250.00

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
* RESERVED FOR FINANCIAL INSTITUTION USE *

NOV -2 99

EX-10034

NATIONSBANK JAX 11/02/99
4061000074 E0043 01 P03

11/02/99

13

For deposit only and must contain appropriate endorsement on front, and
must be dated within 90 days of date of deposit. Do Not Cash.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 23, 1999

William E. Yoham
Sandra Jean Yoham
6301 Sunset Dr.
Miami, FL 33143-4822

SUBJECT: REHABILITATION THERAPY OF SOUTH MIAMI, INC.
Ref. Number: P98000098491

Debit Memo #: 01606-C

This is to inform you that your check #388 dated October 13, 1999 in the amount of \$750.00 and submitted for REHABILITATION THERAPY OF SOUTH MIAMI, INC. has been returned to us by your bank because of Payment Stopped.

We request that you remit a cashier's check or money order in amount of \$787.50 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call
(850) 487-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter number: 499A00055943



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 28, 1999

William E. Yoham
Sandra Jean Yoham
6301 Sunset Dr.
Miami, FL 33143-4822

SUBJECT: REHABILITATION THERAPY OF SOUTH MIAMI, INC.
Ref. Number: P98000098491

Debit Memo #: 01606-C

Due to your failure to respond to our previous letter advising you of the returned check #388, the Reinstatement for REHABILITATION THERAPY OF SOUTH MIAMI, INC. has been cancelled and is considered not filed as of December 28, 1999.

The status of your corporation has now reverted to its previous status of administratively dissolved or revoked.

If you have any questions concerning the returned check, please call (850) 487-6900.

Sincerely
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter number: 299A00060465